

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1					
2		1		1				
3		2		2				
4		①		2				
5		②		2				
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TOTAL IND.	1		1					
TOTAL DEP.	20		27					
TOTAL CLAIMS	21		28					
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TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS